

**DESIGNATION OF
BENEFICIARY FOR
KTRS LIFE INSURANCE BENEFIT**

**Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601-3800
(502) 848-8500**

SEE ADDITIONAL INFORMATION ON REVERSE SIDE.

In the event of my death, I direct the Board of Trustees of the Kentucky Teachers' Retirement System to pay my life insurance benefit to:

1. _____
Name of **PRIMARY** Beneficiary Relationship Birthdate Social Security Number Sex
[One Person Only]

Street Address, Box, or Route Number City State Zip Code

2. _____
Name of **CONTINGENT** Beneficiary Relationship Birthdate Social Security Number Sex
[One Person Only]

*(The **CONTINGENT Beneficiary** becomes entitled to
this benefit in the event your Primary Beneficiary
predeceases you.)*

Street Address, Box, or Route Number City State Zip Code

This Designation of Beneficiary has been executed on the _____ day of _____, 20 _____, and is to remain in full force and effect until changed by me.

Signature of Member Social Security Number Phone Number

Street Address, Box, or Route Number City State Zip Code

Circle Marital Status: Single Married Divorced Widowed

**Witnesses' Signatures Required!
See Reverse Side**

**NOTE: TWO ADULTS OTHER THAN YOUR BENEFICIARY
MUST SIGN AS WITNESSES TO YOUR SIGNATURE.**

WITNESSES: We, the undersigned, of lawful age, certify that we are acquainted with the member (and spouse of member) signing this Designation of Beneficiary and that such member has requested us to witness his or her signature as his or her free act and deed.

_____ Signature of Witness	_____ Street Address, Box, or Route Number
	_____ City State Zip Code
_____ Signature of Witness	_____ Street Address, Box, or Route Number
	_____ City State Zip Code

* COMPLETE IF APPLICABLE: I certify as the spouse of the above named KTRS member, that I am not the named beneficiary, of this benefit and would not be entitled to any benefit under the Kentucky Teachers' Retirement System statute upon the death of KTRS member. **Required by state law (KRS 65.154).**

_____ Date	_____ Signature
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DESIGNATION OF BENEFICIARY FOR KTRS LIFE INSURANCE BENEFIT

Members of the Kentucky Teachers' Retirement System (KTRS) are covered by a life insurance benefit provided by KRS 161.655. KTRS statutes permit an active or retired member to designate a payee to receive the life insurance payment. If a payee is not designated, the life insurance benefit will be made to the member's estate.

You may name only ONE person, a funeral home, or your estate as your PRIMARY BENEFICIARY. Additionally, you may name only ONE person, a funeral home or your estate as a CONTINGENT BENEFICIARY to receive this benefit in the event your Primary Beneficiary predeceases you. This form may be used to designate only a natural person, funeral home or your estate as beneficiary. **Two adults other than your beneficiaries must sign as witnesses to your signature.** If you are an active member of KTRS, this designation does not change the beneficiary of your retirement account.

***KTRS statutes require that if you have a living spouse and you designate someone else as your beneficiary, the spouse must sign to show that they are not the named beneficiary.**

If you are a retired member of KTRS and selected an option that includes a monthly payment to a beneficiary in the event of your death, this designation does not change that beneficiary.

Upon receipt, the completed form will be placed in your KTRS file. Please retain a copy for your records.